

Fill	in this information to identify your c	ase:									
Del	otor 1 Elizabeth Va	argas			_						
	otor 2				_						
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA		_						
Cas	se number 18-18272					Chec	ck if this is	:			
(If kr	nown)		-				An amende	ed filing			
									ng postpetition ollowing date:		
0	fficial Form 106l					Ī	/M / DD/ `	YYYY			
S	chedule I: Your Inc	ome								12/1	
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing w	ith you, do not include	inforr	natio	า abou	t your sp	ouse. If m	ore space is	needed,	
1.	Fill in your employment information.		Debtor 1				Debtor :	2 or non-f	iling spouse		
	If you have more than one job,	Francisco est etetro	■ Employed				☐ Employed				
	attach a separate page with information about additional employers.	Employment status	☐ Not employed Production Supervisor				☐ Not employed				
		Occupation									
	Include part-time, seasonal, or self-employed work.	Employer's name	Cintas Corporation	n No	2						
	Occupation may include student or homemaker, if it applies.	Employer's address	6800 Cintas Blvd Cincinnati, OH 45262-5737								
		How long employed t	here? 6 years				_				
Pai	t 2: Give Details About Mo	nthly Income									
spoi	mate monthly income as of the duse unless you are separated.	•			•			·	•	-	
-	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information i	or all e	employ	ers for	that perso	on on the l	ines below. If	you need	
						For De	Debtor 1 For Debtor 2 or non-filing spouse				
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$_	4	,153.63	\$	N/A	-	
3.	Estimate and list monthly over	ime pay.		3.	+\$_		0.00	+\$	N/A	-	
4	Calculate gross Income Add li	ne 2 + line 3		4	\$	11	53 63	S	N/A		

Debt	or 1	Elizabeth Vargas	_	С	Case number (if know	n)	18-18	272		
				ì	For Debtor 1			Debtor :		
	Cop	by line 4 here	4.		\$ 4,153.6	3	\$		N/A	
5.	List	t all payroll deductions:								
0.	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 913.2		\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$ 913. <u>2</u> \$ 0.0		\$ 		N/A	
	5c.	Voluntary contributions for retirement plans	5c.		\$ 498.4		\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.		\$ 268.9	7	\$		N/A	
	5e.	Insurance	5e.		\$ 122.2	29	\$		N/A	
	5f.	Domestic support obligations	5f.		\$ 0.0		\$		N/A	
	5g.	Union dues	5g.		\$ 0.0		—		N/A	
_	5h.	Other deductions. Specify: AD&D	_ 5h.			94			N/A	
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,	\$1,808.9		\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	\$ 2,344.7	<u>'2</u>	\$		N/A	
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
	01	monthly net income.	8a.		\$ 0.0		\$		N/A	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b.		\$0.0	00_	\$		N/A	
	oc.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0.0	10	\$		N/A	
	8d.		8d.		\$ 0.0		\$-		N/A	
	8e.	Social Security	8e.		\$ 0.0	_	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$ 0.0	00	\$		N/A	
	8g.	Pension or retirement income	8g.		\$ 0.0	_	\$		N/A	
	8h.	Other monthly income. Specify: Pro-rated tax refund	8h.		\$ 350.0		. —		N/A	
		Assistance from Brother	_		\$ 300.0	0	\$		N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	650.0	00	\$		N/A	\
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,994.72 +	\$		N/A	= \$	2,994.72
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			·					
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	depe					chedule 11.		0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies						12.	\$	2,994.72
									Combin	ied / income
13.	Do	you expect an increase or decrease within the year after you file this form No.	?							, moonie
		Yes. Explain: Debtor plans to decrease her retirement contribu	ıtion	s to	balance her	buc	iget go	oing fo	rward	

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